

RESERVATION FORM

Please fill out this form completely and return it to me as soon as possible with your trip fee so we may confirm your reservation. Please print or type. Thank you!

Riding Experience:

Beg. Int. Adv.

Name _____

Date of birth _____

Address _____

City _____ State _____

Zip _____

Home Phone _____ Cell Phone _____

Email _____

Additional information (allergies, diet, any special needs, etc.)

Reservation: Please reserve a space for me for the Sicily Riding Holiday.

Beginning date _____

Ending date _____

My total trip fee per person is enclosed or I would like you to charge my trip fee to my credit card:

Type of card_____

Card number_____

Exp. Date_____

Name on card_____

Three digit number on back of card _____

(If you prefer you may telephone us with your credit card information at 770-856-8250.)

I understand that my trip fee is only refundable if trip coordinator is able to otherwise fill the time slot that I have reserved or for medical or family emergency that occurs at least two weeks prior to the date of my trip. I understand there will be no refund if cancellation occurs within two weeks of trip date. I understand that the package price does not include air, train or other travel expenses en route to and from Palermo Sicily, optional tours or gratuities to staff members.

It is recommended that participants have a medical check-up, be in good health and have adequate travel, cancellation and accident insurance. While every effort is made to ensure a safe, enjoyable vacation, horseback trips and all the activities therein are not experienced without some risk.

In consideration of, and as part payment for, the right to participate in such vacations and activities I hereby assume as my personal risk all the hazards and dangers of horseback vacations and all associated activities. I release Ed Dabney, ED DABNEY Gentle Horsemanship LLC,

Franco Barbagallo, their owners, agents, relatives and employees from any liability of any kind for injury, death or damage which may befall me or my property while I am participating in this horseback vacation.

Signature of participant:

Date _____

For participants from the United States, please mail your trip fee and reservation form to:

Ed Dabney Gentle Horsemanship – PO Box 1211, Monroe, GA 30655;
(770) 314-9254 email: ed@eddabney.com